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7590 02/02/2004
KLARQUIST SPARKMAN, LLP
One World Trade Center
Suite 1600
121 SW Salmon Street
Portland, OR 97204-2988



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John W. Stuart	(Depositor's name)
	
(Signature)	
3/3/04	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,773	02/28/2002	Ronald S. Conti	6395-62424	8961

TITLE OF INVENTION: LIGHTED LINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/03/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NEILS, PEGGY A		2875	362-084000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The Government of the United States of America
as represented by the Secretary of the Department
of Health and Human Services, Centers for Disease
Control and Prevention** Atlanta, Georgia

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Advance Order - # of Copies 10 (ten)

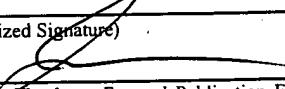
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03/11/2004 MBIZUNE2 00000079 10086773

01 FC:1504	300.00 OP
02 FC:1501	1330.00 OP
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